

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
39/039176

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	9	↓	↓	↓	↓	↓
TOTAL CLAIMS	11	████████	████████	████████	████████	████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	8	/				
52	6	/				
53	10	/				
54	11	/				
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TOTAL IND.						
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS		████████	████████	████████	████████	████████